PHILADELPHIA MEDICAL TIMES.

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# CLINICAL LECTURE.

## MEDICAL CLINIC.

BY WILLIAM F. WAUGH, A.M., M.D.,

Professor of Practice of Medicine in the Medico-Chirurgical College.

Delivered March 5, 1888. Reported by Manley F. Gates, Medical Student.

*SPINAL NEURASTHENIA. GASTRIC ULCER.*

GENTLEMEN:—The first case that I present to you to-day is a young German, a baker by trade. He comes to us complaining of being easily fatigued and of pains in his legs on walking; at times he becomes dizzy. He sleeps poorly; is obliged to rise frequently to micturate and is not refreshed on waking. His statements seem clear, but his actions are so peculiar that his friends think that something must be wrong with his mind. He has, however, no delusions or evidences of mental aberration. He does not complain of formication or being bound by a girdle. His feet perspire freely and sensation in them is normal. This man's occupation renders him peculiarly liable to take cold, as bakers work before very hot ovens and are then apt to sit on the door-steps, in the chilly night air, to cool off after their work. This custom makes them unusually frequent subjects of spinal disorders.

So far, the history of this case is a typical one of spinal neurasthenia, but we have as yet reached only half the diagnosis.

One point I have purposely omitted mentioning to you, to impress more firmly on you the necessity of not stopping as soon as you think that you have reached a diagnosis, but of pursuing the study further to find out if there may be any other cause for the symptoms than the one which you have discovered.

The patient has a stricture in the membranous portion of the urethra, which is congested and sensitive, and the passage of even a very smooth sound gives rise to great irritation. He has never had gonorrhœa, nor has he ever received an injury of the perineum.

From the history the patient gives me, there is no doubt in my mind that the cause of the stricture was masturbation. So we see that the case is not one resulting from cold but from reflex irritation. He says that in Germany he once had nervous fever, a name there applied to those cases of typhoid in which the nervous symptoms are prominent.

This may have left him with a predisposition to nervous disorders; in fact the effect produced by the irritation shows that the nervous system was in a depressed condition.

The German system of universal compulsory education, I believe, results in harm, because it is often carried beyond the capacity of the people, and the results are manifested in diseased minds. A pint mug will only hold a pint, and any attempt to crowd in more will certainly cause it to burst.

This system, I think, accounts for the frequency of shocking crimes, and especially of suicides and other results of a disordered mind, of which this is but one example, which we find among our German population.

It is not every arm which can be developed into that of a Sullivan; not every heart which will sustain a blacksmith in his heavy labor. Nor can every brain take the high cultivation demanded by the present day; and the result of forced universal education is to be seen to-day in the shape of brains giving way under the strain. The limit of some men's capacity is reached when they can read, write and cipher a little. They are fitted by nature for laborers. Take them through college, give them a profession, and they end in an asylum.

The treatment of this case will consist in the gradual dilation of the stricture by the daily use of a steel sound, allowing it to remain in the urethra for about five minutes at a time. Medicinally, we will put him upon a course of iron and strychnine. Oxide of zinc, if by means of a soluble bougie it could be applied directly to the congested parts, would undoubtedly be of service; and ichthyol, from its well-known power to reduce passive engorgement of the tissues, would probably be a still more useful remedy. I shall endeavor to have it prepared in the form of soluble bougies. The patient will remain in the hospital, and in a few weeks we will probably see him go out well.

The next case is a young man who complains of not having felt well for the past nine months. Last June he fell out of his wagon unconscious, and since then he has been unable to work, as he is too weak to do the lifting required. He is easily fatigued and cannot walk more than five or six squares. His appetite is very good and his bowels regular, but he sometimes does not sleep at night on account of a throbbing in the chest. His heart is not diseased. He can walk and turn about perfectly well with his eyes shut, but says that the floor seems to sink from him. He also says that his legs feel as if insects were crawling over them.

This is another well-marked case of spinal neurasthenia, and the treatment should be rest and quiet, with change of air to that of the mountains or the seashore if possible, and galvanism or stimulating liniments. He will be given $\frac{1}{30}$ of a grain of strychnine and $\frac{1}{60}$ of a grain of phosphorus, in pill form, three times a day. The phosphorus should not be given for longer than one week, then dropped and the strychnine continued.

The sexual history of this patient is quite remarkable. He had practised self-abuse moderately for about four years. About a year ago he commenced keeping company with a woman, and having intercourse with her once or twice a week. During the last three months this has been prostrating to him to an excessive degree. The last time he had connection with her was on New Year's day, and he was so weak as a result that he could not get out of bed on the following day.

Absolute rest for the sexual organs must be made an essential part of the treatment of the case; and this will be less difficult than usual, as he has little sexual desire.

In these cases the weakness felt is a real one. In their diagnosis we might be inclined to believe that the main trouble was laziness, but however lazy a man may be otherwise, he is not usually so in regard to sexual matters.

The next case I will sketch the history of from a carefully prepared report by Dr. Vansant.

Anne H., single, aged twenty-seven years, a shoe-finisher. Health good, until present illness commenced, in the summer of 1886, when she had weakness, poor digestion, anorexia, pain in the epigastrium and vomiting, sometimes with blood. These symptoms have increased until she now has almost daily vomiting, usually of food mixed with dark blood-clots, and the nausea is persistent. The pain is constant in a spot which can be covered by the tips of the fingers, radiates to the back and left shoulder, and is greatly increased

by taking food, especially of an acrid or coarse nature. She complains of a feeling of tension in the forehead and of constipation. On percussion the right lung is found to be somewhat dull at the apex. The abdomen is tender and painful on pressure, especially at one spot over the stomach, but no tumor can be felt.

We have here the history of a chronic affection of the stomach of one and a half years' standing, attended by vomiting of blood. In the first place, where does this blood come from? She has no epistaxis, and the vomiting of blood is not more frequent in the morning than at other times, as would be the case if it came from the nose and was swallowed during sleep. The cough is slight and does not yield blood. Undoubtedly, therefore, the source is the stomach. The diagnosis lies between cancer, ulcer and chronic catarrh.

The age of the patient, the absence of the cancerous cachexia and our inability to discover a tumor, are sufficient to exclude cancer. The frequency with which blood is vomited, the constant localized pain and the tenderness in the back prove that the disease is not gastric catarrh. Gastric ulcer is a disease characterized by three pains and two other symptoms. These are, a constant localized gastric pain, a much more severe pain on taking food and a sharp radiating pain running into the back and darting upward to the left shoulder. The two other symptoms are vomiting of blood, either bright or altered by the gastric juice, and constipation with anorexia and poor digestion.

This case is a typical one of gastric ulcer, and all the characteristic points to which I have referred are present. The pain after eating might be confounded with gastralgia, but in gastralgia there is absence of blood in the vomit. This woman's pain comes on immediately after eating, which is said by the books to indicate that the ulcer is at the cardiac end of the stomach.

The cause of these ulcers is somewhat obscure. Our pathologists say that in many cases they are due to the occlusion of an arterial twig by an embolus; when the tissues whose nourishment is cut off are dissolved by the gastric juice. It is true that the ulcers correspond to the distribution of a small artery, but where the embolus came from we are unable to say. Clinically the disease is always attended by constipation, probably partly as cause and partly as effect.

The first point in the treatment is to open the bowels, for which purpose we will give a laxative pill, containing one-half grain of aloes, once or twice a day. The old standard remedy is nitrate of silver, which, however, must often be rendered inert, being changed into the chloride. It could not possibly affect the cause of the ulceration. I believe, however, that it does relieve pain and favor healing, by giving to the exposed nerve filaments a protecting coat of albuminate of silver, and in this way it probably does good. German writers advise the use of alkalies, but this patient is too anæmic for a debilitating remedy to be employed.

These patients ought to take iron, but the drug has a singularly irritating effect on the ulcer and aggravates the symptoms greatly. It can only be given with advantage in the form of chalybeate waters. The patient should wear flannel underclothing the entire year. She will be put on the use of a cup of hot, alkaline, chalybeate water, such as the Pavilion or Excelsior Saratoga, one hour before her meals, and a pill containing two grains of the oxide of zinc and one-quarter grain of the oxide of silver, three times a day, just before meals; a treatment which I have empirically found very useful in this disease.

## ORIGINAL COMMUNICATIONS.

### THE USE OF ELECTRICITY IN THE DISEASES OF WOMEN (INCLUDING THE PRACTICE OF ELECTROLYSIS).

BY G. BETTON MASSEY, M.D.,

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*FIRST PAPER.*

A DAWNING reaction from the ultra-mechanical methods of the followers of the late J. Marion Sims was probably instrumental in first attracting earnest attention to electricity

as a therapeutic agent in gynecology. It was readily seen that in it lay the possibility of a wide range of direct applications, generally of a harmless nature and better calculated than any other to touch whatever neurotic element might lurk in a case. More recently, what is practically a new field has been added to the work by the showing that strong currents may be safely and effectively employed, not only for the electrolysis of tumors, but for the direct treatment of metrorrhagia, chronic metritis, stenosis of the os and cervical canal, subinvolution, chronic pelvic indurations, etc.; and the results gained promise to establish a more important addition to surgical gynecology.

At the present time, therefore, an unusual degree of professional attention is being directed towards electric applications in gynecology, embracing: from one point of view, an empirical use of faradic and weak galvanic currents applied percutaneously or directly to the vagina, uterus and bladder, mainly for the relief of *pain*—a symptom that prompts most of the plastic and resectional operations, and yet so sadly persists after many of them; and from the other point of view, a scientific disintegration of diseased tissues and neoplasms by strong but accurately measured currents, the disintegration being so controlled as to cause a mere surface cauterization at a circumscribed spot on the mucous membrane, or produce an extensive, wholly internal destruction within the body of a tumor.

While it cannot be said that the first mentioned method of using electric currents in gynecology has not already been extensively tried, it is yet true that circumstances were against anything like an adequate determination of its value until a very recent date, as the want of reliable means of measurement and dosage made intelligent experiment impossible. Since the general adoption of the milliampère-meter (although it can hardly be said to be in general use yet), a great stimulus has been given to such applications, and their true field will doubtless be speedily outlined. The scientific use of strong currents, on the other hand, is admittedly in its infancy, and owes its professional favor to the very recent writings of Apostoli and others abroad, and Engelmann and Martin in this country.

It is in the use of galvanic currents especially, whether weak or strong, that recent progress has been attained, and its keynote has been the use of *a single pole for treatment*, the circuit being completed by a non-active pole on the surface. Definite results can thus be secured and accurately predicted beforehand, for the basis of the work has been shifted from theory to observed fact. We know much of the effect of each pole upon tissues in immediate contact with it: the polar effect, and but little of the more distant interpolar effects. Gynecological applications of electric currents have, therefore, a distinct advantage over neurological applications—at least until such time as neurologists shall practice the same boldness in local treatment.

It is true that a full test of the practical utility of electricity in the diseases peculiar to the female sex must show that it is an agent capable of being properly applied without the need of a very great amount of technical skill. The main purpose of these papers is to show that the necessary skill can be readily gained by any one, even the proverbially busy general practitioner, if he will but consent to study the remedy in a practical way. Unfortunately, such a student must also consent to abstain from reading any but the most recent works upon electro-therapeutics, as a certain result of a perusal of many of them is a failure to comprehend the present position of electrical science. To the gynecologist it is by no means a fault of these works that they are written from the standpoint of the neurologist, for there is no essential difference in the two kinds of work; the real difficulty is a lack of clearness and simplicity that of necessity attended all electro-therapeutic writings before the introduction of the meter. Since its adoption, the most intricate laws of electrical science are capable of demonstration to the senses without calculation or figuring, and one may handle a current properly without being an accomplished electrician.

Practical experimentation with currents not only ensures their easy control in subsequent work, but furnishes the best means of comparing the three medical currents — the galvanic, the faradic and the franklinic; and but little handling of this sort is needed to convince any one that each is an essentially different article of the materia medica.

APPARATUS REQUIRED IN GYNECOLOGICAL APPLICATIONS OF THE GALVANIC CURRENT.

This preliminary handling and study of the galvanic current that is so essential to intelligent work begins, of course, in the selection of the proper apparatus. This may be somewhat less imposingly complicated than usually supposed. The articles considered necessary by the writer, for both experimental and therapeutic work, are somewhat expensive, though simple. The list may be given as follows:

(1.) A battery, or the supply terminals of an incandescent electric light circuit. (2.) A current controller of proper make. (3.) A meter indicating from 1 to at least 500 milliampères. (4.) For mere experimental work, at least three sizes of cutaneous electrodes, with a sufficient number of conducting cords. A few words may be profitably devoted to each of these articles.

*The Battery.* The best stationary battery for all-around medical galvanic work is made up of a suitable number of a kind of cell known among electricians as an "open circuit" cell: that is, a cell that will not deteriorate during periods of idleness, that is ever ready to work well, and that possesses the single disadvantage that it requires rest for recuperation after its full power has been taxed. As the full power can never be used in medical work, this one objection has no significance. The Leclanché (prism or Gonda pattern) is in every way the best of this type in general use, and one cannot make a mistake in their purchase. The cell used by Apostoli, as made by Gaiffe, and also in this country by Otto Flemming, is an open circuit variety, in which the internal resistance is lessened in order to reduce the number required to furnish heavy currents through the slight resistances encountered in tumor work. It has no special advantage over the Leclanché when the skin has to be traversed twice by the current. I have recently placed in my private hospital a permanent battery consisting of sixty cells of the Law telephone variety (Fig. 1). The makers claim that

FIG. 1.—LAW TELEPHONE CELL.—New Form.

the new form of carbon element shown in the figure, which they have but lately adopted, is practically everlasting, and not possessed of a definite though long existence, as is the case with the peroxide of manganese arrangement. This cell has the further advantage to the physician of being hermetically sealed to prevent evaporation, and is not an unsightly addition to the office furniture. Neither of these cells require any attention whatever beyond a very rare supply of water and chloride of ammonium, and a still rarer renewal of the cheap zinc rod employed as the negative element.*

* My experience with the gravity cell has convinced me that it is entirely out of place in a physician's battery, being exceedingly dirty from the constant accumulation of creeping zinc sulphate, and unreliable owing to the rapidity with which evaporation breaks the circuit by depressing the water surface below the horizontally hung zinc. In each of the other cells, the perpendicular arrangement of the elements permits the circuit to remain good as long as any water is left in the jar. The gravity cell is really designed only for continuous "closed circuit" work, and is only economical when engaged in constant action, under constant supervision, as in telegraph offices.

The number of either of these cells required by a physician varies from 30 to 70 or more, according to the scope of the work to be performed. Thirty cells give but little current through the skin of most parts of the body, and the number is mentioned here merely because some physicians seem to be content with very weak galvanic batteries. Forty-five cells is a reasonable number, and sixty answer most requirements. They are to be set up according to directions accompanying them, on shelves in some permanently secluded place, connected "in series": that is, the zinc of the first to the carbon of the second, the zinc of the second to the carbon of the third, and so on until all are connected.* It will then be found that the first carbon and last zinc are unconnected with anything else; to each of these attach a wire and carry the circuit to two binding posts conveniently placed to receive the cords of the electrodes. The post connected with the first carbon will be the anode (positive pole), and the one connected with the last zinc will be the kathode (negative pole) of the battery.

What are known as current selectors —that is, devices to select one or any number of cells for use—should be utterly rejected in any kind of medical battery when it is possible to obtain a current controller such as will be described directly, by means of which the current can be varied at will, without shock of any kind. Two wires only are needed when the controller is used, doing away with the great number and intricate arrangement of wires necessitated with the selector.

But, instead of the bulky office battery described, many physicians will doubtless wish a portable one, making battery work possible at the bedside as well as in the office. A first purchase is apt to take this direction, and very properly so, since cases are constantly met with that cannot come to the office. Of the portable batteries, I have been compelled to return again and again to Flemming's zinc-carbon-bichromate battery, as one after the other promising substitute failed to bear the test of time and work.* These batteries are made with a selector on the face board, consisting of a plug socket over each cell; but where shock is to be avoided, the careful operator will use the whole battery at once, with a controller and meter in circuit, as recommended for the stationary battery. They are usually supplied with a commutator (pole-changer) also; but this means of changing the polarity of the electrodes is only essential in electro-diagnosis, and is a positive disadvantage in gynecological applications, as leading to confusion between the poles, and even accidental breaks in the circuit while at work.†

A 30-cell portable Flemming battery, freshly charged, can be made to maintain from 100 to 150 milliampères through a circuit consisting of the patient (from embedded needle to large dispersing electrode), and a meter and water controller such as are described in this paper. Two such batteries will give from 200 to 300 ma. under similar circumstances.

*The Current Controller.*—This instrument I consider indispensable in electrolysis, and of great value in all forms of galvanic work where shock is to be avoided. Its function is to vary the current at will, by rapidly increasing or decreasing the resistance of the circuit. The older forms were called rheostats, and consisted of coils of wire

* Although the connecting together of the cells of a permanent battery is so simple a thing if the exact order outlined in the text is observed, cells are frequently ruined by carelessness in this particular. When they are all to be used at once with a current controller in circuit, as advised by the writer, their proper arrangement "in series" is exceedingly simple.

* The cleaning, re-amalgamating and refilling that all acid batteries demand every month, and especially when about to be used after a period of inaction, is an obstacle to their comfortable use; but no little satisfaction is given by them after being put or kept in order, as they give a powerful current considering their small bulk, and the simplicity of their repair makes it possible for the physician to keep them in order himself, without the trouble and expense of sending to the manufacturers. I have one of thirty cells that has been used by me constantly for bedside work for nine years, with but two renewals of zincs, and it is yet as good as a new one.

† The wheel shape of some of these commutators has actually led some physicians to think that the proper way to administer a galvanic current is to place the poles in situ and rapidly reverse the current by turning the crank.

of known resistance or of glass tubes containing water and a sliding rod. The coils have been entirely discarded for this purpose, for reasons that I will not now enter into, and the tube, while largely in use, has too small a range for heavy currents. The same objection may be urged against a circular pencil-mark controller devised by the writer about a year ago, and exhibited before the Philadelphia County Medical Society. Its range of resistance, however, adapts it to all ordinary percutaneous applications—in fact, all applications up to 150 ma.—and it is especially convenient for attachment to portable batteries, fitting readily into the top. It is made by Otto Flemming, of Philadelphia.

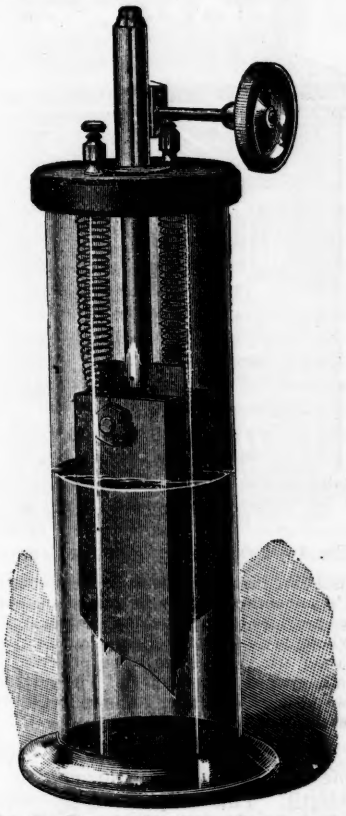

FIG. 2.—BAILEY CURRENT CONTROLLER. (The instrument in its latest form contains some improvements not shown in the cut.)

For heavy currents, nothing is equal to the Bailey Current Controller (Fig. 2), made by the Law Telephone Company of New York. This was made originally to control the strength of the currents used in telephone exchanges, and is a development of the water tube and rod, the rod being replaced by four broad carbon plates, giving immense surface contact with the water when fully immersed. The plates taper to points below, and by means of a ratchet and pinion may be gradually immersed into the water or raised out of it, giving an exceedingly wide range of resistances, and enabling the current to be varied without the possibility of shock from zero to any desired number of milliampères.

*The Meter.*—With light currents applied to skin surfaces, where the sensitiveness of the patient is added to the watchfulness of the operator, there may be ample excuse for occasionally neglecting to use a meter and depending on the number of cells in circuit; but when we have an insensitive mucous membrane, as in the vaginal, uterine and urethral tracts, situated so as to make it impossible to watch effects, it is simply criminal to use a galvanic current without adequate means of knowing the amount actually passing through the patient. Such neglect cannot be too strongly condemned. Milliampere meters are at present quite cheap, and should be ordered with every battery. They should register from one ma. to six or eight hundred, or even a thousand ma. Those made in this country by Flemming and McIntosh make it unnecessary to send abroad for foreign instruments; in fact, the American instruments have proven superior to the imported ones in the author's experience.

*Arrangement of Circuit.*—In use, the meter and current controller are inserted into the circuit by including them one after the other, between the last carbon and its respective binding post, as follows: From the last carbon carry a wire to one terminal on the controller; connect the other terminal on the controller with a binding screw on the meter; and, finally, carry a wire from the other binding screw on the meter to the positive binding post. The instruments may be arranged on a simple table, as

shown in Fig. 3, which is an illustration of a movable ward galvanic table, designed by the author for bedside use in the Infirmary for Nervous Diseases and in his private hospital. Fig. 4 illustrates a more elaborate immovable arrangement of the same switch-board elements combined with a faradic apparatus, as constructed by Otto Flemming for the operating room of the author's private hospital.

FIG. 3.—BEDSIDE GALVANIC TABLE.

For use with supply wires from an incandescent plant or a permanent battery. Connection with the supply wires is made by a double plug and socket.

*Use of the Incandescent Electric Light Current in Medical Work.*—This current will be found in every way well adapted for medical use, and should be preferred to that furnished by the ordinary battery of cells whenever it is possible to obtain it during the hours convenient for work. By its use the annoyances and inconveniences of a battery are entirely avoided, and a current capable of variation to any strength from a fraction of a milliampère to a thousand milliampères is ever at hand. The whole strength of the current is supplied by the two supply wires, and its medical use demands, of course, some means to vary and control its strength. This is thoroughly accomplished by the controller and meter described above, their use rendering it just as safe as the current from any kind of battery. They are inserted in the circuit as follows: Connect one

Fig. 4.—THE AUTHOR'S OFFICE CABINET.

Furnishing both currents, separate or combined. Permanent cells may be placed on shelves attached to the rear of the cabinet and the whole mounted on rollers; but usually the larger size of cells are to be preferred, kept in a separate compartment. The graphite or pencil-mark controller is shown in the centre of the switch-board.

supply wire directly with one of the binding posts for electrodes; the other wire is connected with one binding screw on the controller; from the other binding screw on the controller a wire is led to one binding screw on the meter; and from the other binding screw on the meter a wire is led to the remaining electrode binding post. All that is to be done now is to test the polarity of each binding-post and mark it accordingly. The controller and meter should be kept permanently in the circuit in this way—especially the former—more as a precaution against injury to the instruments by "short circuiting" than from fear of injuring the patient, as the full strength of this circuit can force no more current *through the body* than can the full strength of any ordinary medical battery of 60 or 70 cells.

The Edison circuit, direct from the dynamo, has a usual electromotive force of about 100 volts, and is therefore equal in force to about 76 good Leclanché cells. The internal resistance is practically nil, rendering it equally available for use with the galvanocausty knife as in medical work, provided proper resistances are inserted in each case. The only disadvantage is the necessity of *keeping* some resistance in circuit to prevent "short circuiting." The current from the storage battery of the Electrical Accumulator Company is also available for medical work, although weaker than the Edison current, possessing usually from 51 to 60 volts. No incandescent current of these volt powers is in any way dangerous when transmitted through the body. Arc-light currents, on the other hand, are highly dangerous, and should never be used.

The essentials for either experimental or therapeutic work are now complete if, to the above list, be added appropriate electrodes and conducting cords. For the experimental work, we should be supplied with at least one each of the two sizes of cutaneous electrodes required as dispersing poles in therapeutic work, as well as a pair of the ordinary discs with handles usually supplied with faradic batteries, and a fine-pointed electrode (the latter readily improvised from a stiff wire). The larger dispersing electrode must be of a size to completely cover the abdomen—viz., about 9x10 inches—made of thin sheet lead, in order that it may be made to take any shape to fit the abdominal contour. The smaller one is most convenient when not larger than 5x6 inches, and may be made of either thin brass or lead. They are best covered with a layer or two of absorbent cotton,* the latter being unrolled and cut about an inch larger than the plate, and kept in place by fine spool cotton loosely wrapped. The discs and point are readily wrapped with cotton at each using in the same way that an applicator is covered.

I have been particular to specify that a meter and current controller should accompany the battery, for the regular and invariable use of this combination not only permits of scientific and accurate work, but really simplifies the whole subject to the beginner. They may be said to be devices for relieving an operator from the burden of knowing anything of Ohm's law, or of making calculations of resistances and current strengths, although, of course, their practical value is far greater than this.

Having set up the battery or put it into operation, and connected the meter and controller in circuit, the conducting cords and electrodes may be attached to their binding posts in readiness for the first experiment.

### EXPERIMENTS ILLUSTRATING THE PHYSICAL QUALITIES OF GALVANIC CURRENTS.

EXP. 1. *To test for current.*—Set the controller for least current (in the Bailey controller with the sponge tips merely touching the water), and bring the brass parts of the electrodes together: the meter will show a deflection of more or less extent. If there is no deflection, a break exists in some part of the circuit.

EXP. 2. *To test the power of the battery and the range of the controller.*—

* It is gratifying to note the widespread and general adoption of absorbent cotton as an electrode covering in place of what a writer has called "the filthy, current-absorbing sponge," since its use was first recommended by the author, in a communication to the *Medical News*, December, 1884.

Unite the poles directly by means of a conducting cord or wire, and note the gradual increase in the current as the carbon plates of the controller are slowly immersed into the water. This procedure is wasteful of battery power, but will show the total capacity of the battery through these resistances, if the meter registers high enough.

Exp. 3. *To test the polarity of the electrodes.*—If in doubt as to which is the kathode (negative pole) and which the anode (positive pole) of a galvanic battery, place the tips of the cords in a solution of potassium iodide. The compound will be electrolysed: iodine appearing at the anode as a brownish cloud, and potassium at the kathode. If the potassium iodide be dissolved in starch water, the discoloration at the anode is blue instead of brown, the nascent iodine immediately uniting with the starch. A more quickly performed test than this is to ascertain which moist electrode produces greatest pain on suddenly making contact: that one will be the kathode, or miscalled negative pole.

Exp. 4. *Comparison of metallic contact with moist cotton to cotton conduction.*—Having set the controller for a weak current, note the number of milliamperes in circuit when the brass surfaces of the two electrodes are brought together; and the number when the two wet surfaces of cotton or sponge are pressed together.

This will show the immensely greater conductivity of brass. As the current is not intended to go right back to the battery in this manner during ordinary work, it is called "short circuiting," and is wasteful of the battery power and dangerous to the delicacy of the meter.

Exp. 5. *Application of dry metallic electrodes to skin compared with that of wet electrodes.*—Experiment now with the dry metallic surfaces of the electrodes pressed down upon dry skin surfaces. Little or no current will be shown by the meter if the skin is free from moisture, even with the controller set for full strength. Substitute wet cotton-covered electrodes for the dry ones, and a current will be shown both by the sensations and the meter.

The current passes with exceeding ease from metal to metal when in contact, either dry or wet; but passes from dry metal to the body with difficulty. This is because the cuticle is practically a non-conductor; not until the air-spaces of its horny layers are filled with water, which is a reasonably good conductor, will it permit the current to penetrate to the moister tissues below, and even then the bulk of the current passes through the sweat ducts and any congested or abraded spots. Electrode coverings are therefore designed merely to hold a layer of water between the metallic surface and the skin, acting as a liquid joint.

In making the experiment just detailed with dry metallic points instead of a flat surface, an intense burning sensation will soon develop if the full number of cells are used and the points well pressed down. This burning coincides with the appearance of some current in the circuit, as shown by the meter; but the number of ma. by no means corresponds with the intensity of the burning; very little current passes, in fact, when the pain is greatest. This pain of the "galvanic brush" is usually described as due to the concentrated action of the minute current quantities upon the most superficial and sensitive nerve filaments; but doubtless the real reason is the microscopic spark-leaps through the cuticle incidental to this mode of current transmission.

Exp. 6. *Effect produced on the current volume by salt water on the electrodes.*—Set the controller at a given place and leave it there (or use the full strength of a certain number of cells), and note the number of ma. passing through the hand when both wet electrodes are pressed upon opposite sides; leaving the battery strength undisturbed, remove the electrodes and saturate them with salt water. When they are replaced, a considerable increase in the number of ma. passing through the hand will be found. The sensations will be still more acutely increased.

Saturated salt water is about three thousand times a better conductor than distilled water; hence the use of salted

water on electrodes increases the current by lessening the resistance offered by the "liquid joint" at the points of entrance into and egress from the body. It is of great service when the battery power is deficient or accidentally low; but its constant use is inadvisable, owing to the disproportionate increase of pain produced by it and the bad effect upon the electrodes, which are quickly oxidized. The excess of pain is doubtless due to the products of the electrolysis of the chloride of sodium.

[TO BE CONTINUED.]

## ORIGINAL COMMUNICATIONS.

### PELVIC CELLULITIS.

BY M. L. HALBERT, M.D.
Cincinnatus, N. Y.

PELVIC Cellulitis is an inflammation, acute or chronic, affecting the connective tissue within the pelvis beneath the peritoneum; usually located close to the uterus and between the layers of the broad ligaments, but also in other localities where connective tissue abounds. It begins, as phlegmonous inflammations usually do, with chills, fever and pain in the pelvic region. There is a great range in the severity of the symptoms and in the character of the pain. Where there is no peritonitis present, the pain is of a heavy, aching character, usually greater in one iliac region, more often in the left. There is generally considerable irritation of the bladder with constant desire to micturate. The pain often extends down the thigh and limb on the side affected, and causes the limb to be flexed upon the abdomen. If the disease go on to suppuration, we have in addition the symptoms accompanying the formation of pus, such as rigors, throbbing pain and the disturbance caused by pressure of the effusion and displacements of the uterus or the ovaries; such as difficulty and pain in voiding the contents of the bladder and rectum, cramps in the limbs, etc.

The disease is usually (some say always) complicated with more or less peritonitis, or disease of the uterus or its appendages; hence we have more or less disturbance occasioned by disease of these structures. Peritonitis occasions the severe lancinating pains, nausea and vomiting and tympanites. I believe that a case of uncomplicated cellulitis may go on to the formation of a large abscess, with but few of the symptoms usually accompanying such conditions. My own experience in one case convinced me of this.

A vaginal examination during the first stage of the disease reveals a marked increase in the local temperature; tenderness, more or less extensive in some part of the vaginal vault, throbbing of the arteries, etc. A little later a boggy condition is noticed, and if the effusion be extensive enough, the uterus will be found fixed by the pelvic roof. Later we find a rather firm and perhaps irregular swelling, tender to the touch, of variable size and location, usually in one of the broad ligaments. This is generally located at the side of or behind the uterus; very rarely in front, and displaces that organ more or less, according to the size of the exudation. If pus form, which is not always the case, we have a pelvic abscess, which freqently proves to be a very chronic, intractable disease to treat, and a condition necessitating severe surgical procedures.

Pelvic cellulitis is usually caused by the absorption of septic material after child-birth, abortion and operations upon the perineum, vagina and uterus, or by extension of existing disease of the uterus, ovaries or tubes; or it may arise idiopathically from cold during menstruation, and from causes that produce inflammation in other locations.

The duration of the disease is very uncertain. It may be arrested in the stage of congestion before exudation has actually occurred. Exudation may take place and be absorbed almost completely without the formation of pus, or a large abscess may be formed. The abscess formed usually opens into the vagina or rectum, but may reach the surface in various other places. It may rupture into the peritoneum; but this, happily, is the least common termination. The disease may last from two or three weeks to years. Resolution of inflammatory product is a slow process, and rarely leaves a person without indurations in the pelvic tissue or displacement of some organ.

The *diagnosis* presents difficulties, as we all know. Peritonitis to a greater or less degree so often cöexists, that we may make the diagnosis of pelvic inflammation, *probably* cellulitic, and as it does not affect our treatment of the case in the early stages, this does not make much difference to us as practitioners, except that we all wish to know what form of disease we have to treat, as soon as possible after we take charge of a case. In peritonitis the pain is likely to be sudden, sharp, agonizing and more general within the pelvis, pulse and temperature higher, more tympany and greater tenderness of the abdomen. The patient draws up both legs in peritonitis, and but one in cellulitis. In peritonitis the exudation is not always felt, and if it be, it is usually higher and more general. Hæmatocele is sudden in its onset, with symptoms of loss of blood; it is soft at first, then hardens; while in pelvic cellulitis the exudation is hard at first and then softens from suppuration. Hæmatocele is generally post-uterine, distending Douglas' cul-de-sac, crowding the uterus forward toward the symphysis pubis, while we commonly find the tumor on one side in cellulitis.

Fibroid tumor is not accompanied by acute symptoms, and is not sensitive to touch. The tumor resulting from extra-uterine pregnancy sometimes closely resembles a cellulitic exudation in its locality, characteristics and many of the symptoms connected with its growth, but the presence of some of the ordinary signs of pregnancy would soon indicate the character of the growth. Within the year, I had a case of cellulitis accompanying or causing an abortion at two or three months, which, if the statement of the patient could be believed, closely resembled in nearly all its symptoms a case of tubal pregnancy; and in fact I thought it was a case of that nature. The patient thought herself pregnant two or three months; was seized with symptoms of abortion, such as pain, slight hemorrhage, etc. Rest and opiates did not relieve her. She continued in this condition for some days, but not ill enough to give up and remain in bed, having a little fever all the time. I made a vaginal examination, and greatly to my surprise, found a smooth, elastic tumor at the left and partly behind the uterus, somewhat tender to the touch, with pulsating vessels in the vaginal walls near the tumor. The uterus was displaced to the right, and I afterwards found contained the remnants of a placenta. These conditions taken together seemed to indicate very clearly, I thought, a case of tubal pregnancy, but I was mistaken, for within a few days the abscess ruptured into the rectum and discharged a large quantity of pus. It was surprising to me that so large a collection of pus could be formed with so small an amount of constitutional disturbance. "Uncomplicated and subacute cases of cellulitis sometimes run the course of the disease to the formation of a large abscess, without causing any particular disturbance," says Emmet; and in this case there was no more trouble than we should expect from an abortion at that period.

If the patient be seen early, in the acute form, during the stage of congestion, the treatment should be prompt and thorough, with the object of arresting the disease before exudation has taken place. The patient should be put to bed and brought under the full influence of opiates, and kept there until the desired result is attained or exudation has taken place. Absolute and continuous *rest* is the great principle to be maintained in the treatment of this as well as most other inflammations during their first stage; and I know of no agent so well adapted to meet the indications as opium in some form. Hot water by vaginal irrigation should be used persistently. Emmet says "it is the *only* means we possess for aborting an attack of cellulitis, which it will do if thoroughly employed at the beginning;" but the physician must attend to this himself in order to have it done properly and efficiently. Heat should also be applied to the hypogastrium. I prefer the plan of using flannels heated by steam in an ordinary cooking steamer. In this way they can be applied as hot as the patient can bear, and are not moist enough to wet the clothing of the patient.

If our patient improve under this treatment, we *hope* we have aborted an attack of pelvic inflammation; but can-

not be sure, as the disease can hardly be said to exist till the stage of exudation is reached. If exudation take place, which I suppose is the more usual occurrence, the same principle of treatment is to be pursued during the stage of effusion; relief of pain by opiates, rest, local application of heat, now to be combined with counter-irritation by means of iodine and turpentine. I have found the use of glycerine tampons in the vagina relieve patients from the pain caused by pressure of the exudation, and also aid in the absorption of the effusion by the exosmosis which the glycerine produces. The vaginal irrigations with hot water, with perhaps the addition of salt, should be used thoroughly and persistently. Besides the local effect it materially assists in quieting nervous irritations and producing sleep. The diet of the patient should be carefully attended to, as the disease is liable to last for weeks or months if suppuration occurs, and the strength should be kept up by food of the most nutritious character.

The disease may now terminate by re-absorption of the effusion, or what is more likely, the disease pursues its natural course and suppuration takes place, indicated by rigors and rise of temperature, and we have pelvic abscess to treat.

Latterly, interest has been more centered in the treatment of the disease when it has advanced to this stage, and much discussion has taken place in regard to the surgical means of treating the condition. The same principle should guide us in the management of pelvic abscess that we would apply in the treatment of an abscess in another part of the body. I believe it is a settled law of surgery that when pus has formed it should be evacuated as soon as possible, if it can be reached without danger to important structures. If left to nature there is danger of the pus burrowing and destroying much tissue, and also of septic infection. A strong reason for early evacuation of the pus is the danger that the disease may become chronic, or constitutional breaking down occur.

When possible, the abscess should be opened through the vagina, because the opening would then be at the most dependent portion and afford the best chance for proper drainage. This could not be so well accomplished if the opening were in the rectum, though if left to nature the discharge occurs here about as frequently as into the vagina. If the abscess be high up, the opening may be made through the abdominal wall. An anæsthetic should be given for the opening of pelvic abscess, and if early in the case, the aspirator should be used; but if there be septic symptoms, the case has become chronic, a free incision should be made, a drainage tube introduced and the cavity be washed out with an antiseptic fluid. The opening should be kept patulous till the cavity has healed from the bottom. Where the abscess is deeply seated and cannot be safely reached from the vagina, it may be necessary to resort to abdominal section, an operation I am not inclined to discuss in this paper.

## RODENT ULCER, EPITHELIOMA AND LUPUS IN THE SAME PATIENT.*

BY B. MERRILL RICKETTS, M.D.,
Cincinnati.

THE patient was a woman aged sixty-five years, who had been an invalid the most of her life, having suffered with carious degeneration of the spine at ten years of age, which resulted in posterior curvature. She presents a more rare combination of unique cases than is often the privilege of the Academy to hear.

Eighteen years ago she noticed a small, thin, almost transparent scale, forming upon the arch of the nose in the median line. This was at first no longer than the head of a pin, but increased in size and at the same time extended deeper into the integument. The edges of the scale finally took on a turned up appearance, while the centre was more firmly adherent, and on removal caused a slight exudation of serous matter which became incrusted and much more elevated. At this period the removal of the crust was followed by slight capillary hemorrhage.

* Read at the meeting of the Cincinnati Academy of Medicine. [Abstract.]

In the course of eighteen years it reached the size of a five cent piece, and was seldom accompanied by itching and never by pain. At the time she was first seen by the reporter, about one year ago, he found extensive incrustation and the ulceration extended through the integument into the cellular tissue. On removing the crust considerable bleeding occurred from the soft, highly congested, granular surface. This was easily controlled by pressure with the finger. The diagnosis was rodent ulcer.

There was also found a red lesion about three square inches in size, and situated on the left cheek on the angle of the inferior maxilla, slightly involving the lobe of the ear. It was covered with fine scales and at times moisture. She said it had begun nine years previously, first as a small reddened patch similar to eczema. It almost disappeared at times, but finally reappeared in an aggravated form. It secreted an irritating and sticky secretion which irritated the surrounding skin. Her sleep and rest were greatly interfered with.

The diagnosis was erythematous lupus, and it was treated accordingly.

In addition to all this there was found a papillomatous epithelioma on the right side of the neck. This was about the size of a wren's egg, and became very much inflamed, causing a congested condition of the surrounding skin to the extent of a half inch. This condition had developed at the base of an ordinary wart which had existed for a long time, and began to cause trouble about seven months ago. This was the most alarming part of the trouble, as her temperature was 100° and the submaxillary and the sublingual glands were greatly enlarged on that side. Her physical condition did not warrant any surgical interference of an extensive nature at this time, yet the case demanded immediate action.

The operator accordingly first removed the lesion upon the nose, carrying the incision as far as possible beyond the indurated skin. He curetted thoroughly and drew the edges together as closely as possible, leaving about one-third of the surface to heal by granulation. The coapted edges healed by first intention, and the remaining tissue healed rapidly. On the day after his operation he removed the papilloma of the neck with the knife, by removing the skin to the extent of one and one-half by two inches. After scraping the edges thoroughly, he stitched the edges of the integument together as well as possible, but union by first intention did not occur and granulation followed.

About four weeks after the operation, the affected glands having returned to their normal size, the erythematous lupus was subjected to a course of the ordinary remedies: carbolic, chromic, nitric and salicylic acid. Pure carbolic acid did relieve the scaliness and redness to a considerable degree, also a very annoying itching. This treatment was by far the most satisfactory, but still the disease persisted. Lunar caustic was found necessary to bring the elevated surfaces to a level with the rest. A paste of white arsenic and cinnabar was next tried and allowed to remain on for five days, then removed and poultices applied to hasten sloughing. This was very satisfactory, and a line of demarcation formed and the entire diseased skin sloughed, leaving a raw surface whose edges were as sharp and distinct almost as if cut by a knife.

The process of repair was now rapid and satisfactory, with the exception of one point about the size of a silver half dime, which owing to the warm weather was not removed till fall.

There was a slight return of the disease on the nose the following summer. A small crust about the size of a pea formed. This was excised with the knife, and the surface well scraped and left to heal by granulation.

During the first three months which she was under his care, he gave her one-twentieth of a grain of the iodide of arsenic in conjunction with ten grains of the iodide of potassium after each meal in an excess of water. Her condition became better in a few days and continued to improve.

In her letter dated February 6, 1888, she says that her nose and neck are entirely well, and that there is a minute scale upon the cheek which remains of one size and does not cause her any trouble. Her present condition is by far better and more favorable than had been expected, and while there is a pos-

sibility of either one or all of the diseases recurring to such an extent as to destroy life, he does not think it is probable. In case they do recur, a removal can be effected without pain and as often as is necessary. He thought that we, as physicians, are not justified in allowing these patients to suffer so long and severely without relief, when we can give it so easily and with so little pain.

This patient was led, innocently or otherwise, to believe that her multiple trouble was harmless and easy to treat, and thus lead on through years of suffering with a rodent ulcer; eight years and one-half with a rodent ulcer and erythematous lupus; and for almost one year with a rodent ulcer, erythematous lupus and papillomatous epithelioma, making in all about twenty-eight years of actual suffering, which need not have been had the proper course been pursued.

Because the wart on the nose or the mole upon the back appear harmless and inoffensive, we are not warranted in allowing it to remain or pass the plea for relief unnoticed. Owing to the superstition and fear of the laity, the treatment of disease of a malignant tendency is not pleasant or the result as a rule satisfactory. It is said that about thirty-five per cent. of malignant diseases are cured under the present circumstances. This being so, how much this proportion could be increased if the operations were made earlier in their course.

While the percentage of recoveries is greater to-day than fifty years ago, he thought that it is not due alone to improved management and treatment, but that operating early in the course of the disease has been a prominent factor in increasing the number of recoveries.

## HOSPITAL NOTES.

MEDICO-CHIRURGICAL HOSPITAL—ORAL CLINICAL SERVICE OF PROF. J. E. GARRETSON. REMOVAL OF RIGHT SUPERIOR MAXILLARY BONE FOR SARCOMA; USE OF SURGICAL ENGINE. Reported by M. H. Cryer, M.D., Chief Assistant. The case having been fully examined, it was decided that his only chance lay in ablation of the jaw. Dr. Garretson performed his own operation, which, in this particular instance, was attended with a very limited loss of blood and almost entire absence of shock.

The operation was as follows: The patient is etherized to an extent denominated by the lecturer as "standing at the middle of the bridge of Varolius." This, while insuring entire absence of pain, guards against the possibility of blood being taken into the larynx, the medulla oblongata being affected only below the uncrossed side of the bridge. The lip is then divided down the median line and the coronary arteries tied. Next an incision is carried across the lip at its junction with the ala, when, the side of the nose being reached, the cut is extended to the middle of the nasal process. A succeeding step dissects the ala from the nasal boundary so as to expose the osseous nasal opening. Following this an incision is made outwardly to the position of the malar bone, the cut being parallel with the orbital boundary and between it and the infra-orbital foramen. At this point the facial artery and other bleeding vessels are ligatured, the parts being at the same time dried and freely washed with phenol-sodique. A patient during this last performance is allowed to partially recover from the anæsthetic effect with a view to preparation for a profounder effect quickly to follow.

At this point the particular operation as practised by Dr. Garretson begins. If a disease be of a character, as in the instance under consideration, which requires the removal of all enveloping structure as well as of the maxilla itself, a circular saw is employed and the bone sections made in the situation commonly cut or crushed through with the old fashioned shear-forceps, an exception being the nasal process, where the orbit is left in every way entirely undisturbed, the circular saw making a clean and most delicate cut along the parallel line, described above as having been cut midway of the orbital boundary and infra-orbital foramen. The division at the inter-maxillary suture, extending through the alveolar process in front and through the palatal processes behind as far back as the palate bone, is the work of a single moment, the saw having a velocity of not less than

seven thousand revolutions to a minute.

In dividing the maxillo-malar articulation, Dr. Garretson has a skull held at his side, being most particular to pass through the exact line of the suture.

The bone sections completed, a few moments rest is given, when anæsthesia, which ventures as far over the pons as may judiciously be risked, is produced.

From this moment hurry is the indication. Taking up a knife, a cut which begins at the junction of the palate processes of the palate bones is made along the line of the palato-maxillary suture, being continued between the maxillary tuberosity and the hamular process of the sphenoid bone, and from this point sweeping posteriorly and upwardly through the zygomatic fossa into the spheno-maxillary fissure. The bleeding here is necessarily profuse, and is not in any way subject to control until the jaw is removed. Just here is the danger to the patient from strangulation, an accident which German surgery guards against by a preliminary tracheotomy, but which at this clinic is mastered by a handling of the anæsthetic which makes a sentinel of an unanæsthetized respiratory centre. Not an instant of time is lost. The lion forceps are applied and the freed bone is wrenched from its socket. If a moment back, hemorrhage was profuse, it is now found increased many fold, arteries—jets seeming to spurt from every point. It is the case, however, as remarked by the operator, that the complexity is resolved into a reasonable simplicity by remembering that it is the branches of the internal maxillary which are giving the trouble, and that if the main vessel be ligatured the others are practically occluded along with it. In the case under treatment a demonstration was made, for while, to the unfamiliar eye, it seemed that the patient was in danger of bleeding to death in a few minutes; yet a ligature put about the single vessel named controlled the hemorrhage at once.

Packing the wound with strips of patent-lint saturated with phenol, arranged so as easily to be withdrawn through the mouth, and closing the face wound by means of sutures and pins completed the operation.

The patient when lifted from the table seemed almost free from the effects of shock.

A second manner of removing the maxillary bone as practised by Dr. Garretson, and one which is done without external wound, or even particular disturbance of the oral cavity, consists in the use of a rapidly revolving bur used through a trap opened in the canine fossa. No hemorrhage associates with the performance, nor has the reporter ever witnessed any but happy results. It is not the case, however, that external face cuts are the bad things represented, as reasonable care insures union so immediate as to leave little perceptible scar; this is certainly a result secured in the service being reported. The jaw, after this manner of operating, is simply cut, as it were, from its envelope.

Section of the Superior Maxillary Nerve in the Spheno-Maxillary Fissure.—The patient in this instance, a great sufferer of many years' standing, is a graduate of the dental school and now engaged in the practice of his profession at Frankford.

Anæsthesia being secured, a triangular flap was raised so as freely to expose the face of the jaw. From this flap the infra-orbital continuation of the nerve to be removed was dissected out, and being caught in a bull-dog forceps so as to be controlled, the anterior boundary of the antrum was burred away, this burring being continued along the roof of the sinus so as to expose and drop the nerve. Next the floor of the orbit was cut away, the continuity of the nerve being carefully maintained. A final step consisted in burring out the anterior boundary of the spheno-maxillary fissure and in cutting the nerve at the seat of the foramen rotundum.

In replacing the flap in the case here described, no pins or stitches were used. Union was immediate. The patient dressed himself and walked about the corridors of the hospital on the fourth day after the operation. No pus formed inside or out, the case in this respect being remarkable. The patient seems to be fully cured of his neuralgia, and expresses himself as having come

to an understanding of the meaning of a heaven on earth.

EPITHELIOMA OF RIGHT NASAL ALA.—The patient a professional gentleman from Washington, D. C., aged sixty. Disease of four years' standing. Many attempts and as many failures made on the part of different practitioners to cure the lesion, resulted in an operation recommended and practised by Dr. Garretson as a specific.

The gentleman being etherized, the soft parts covering the cartilage were thoroughly removed, a large margin being allowed. Next a flap of corresponding size was dissected out of the cheek, the pedicle being related with the ascending line of the facial artery. This flap was shifted to occupy the space left by the removed part, and was delicately stitched into place. Finally, the wound in the cheek was so completely obliterated by means of interrupted stitches as to be scarcely observable. Maintained that, wherever the operation is practicable, a healthy flap, made to occupy and to grow in the place of a removed cancerous sore, will prove the cure of the disease. Common skin grafting, the grafts being taken from healthy persons, is placed next as proper treatment. Epiderm taken from horses and secured after a cleanly manner is recommended to be used where circumstances conflict with the first described modes of treatment.

PENNSYLVANIA HOSPITAL.—Hunt presented a patient, part of whose inferior maxilla had been removed by Morton some weeks previously, for necrosis. The patient is an Italian coal-miner, who contracted phosphorus poisoning by carrying matches in his mouth. The case is doing well, and new bone is rapidly forming in the remaining periosteum.

LACERATION OF HAND.—A man presented himself whose hand had been extensively lacerated by being caught in a machine. The wrist joint was laid open, the tendons torn, but some motion was still possible. Hunt decided that an effort should be made to save the hand; and an antiseptic dressing and irrigation were ordered.

DIPHTHERIA.—Longstreth presented a case of diphtheria with exudation upon the right tonsil, swollen uvula and dysphagia. The nasal mucous membrane was so swollen that breathing through the nostrils was impossible. Turpentine stupes were applied to the neck, a four per cent. solution of cocaine to the diseased tonsil, and the throat was sprayed with bicarbonate of soda and borax. He never uses the swab, considering it likely to irritate the inflamed parts. Internally he prescribed quinine and iron.

PUERPERAL PERITONITIS.—In this case Longstreth ordered an emulsion of turpentine with vinegar and yolk of eggs to be spread on thin cotton cloth and applied to the abdomen, and retained until the burning is severe. It is then removed, but reapplied as soon as the burning ceases. Internally he ordered opium and quinine.

The diarrhœa subsided, the tongue cleaned, the respiration dropped from 40 to 23, and the general condition showed improvement. To prevent adhesion of the peritoneum, the lecturer advised the local use of iodine or mercurial ointment. This patient died two days later with pericardial effusion.

MILIARY TUBERCLE.—Longstreth showed his class a patient who, when admitted to the hospital, had a temperature of 104.8°, diarrhœa, dry skin, bluish lips, distended abdomen, short, shallow respiration, but no tympanites. Two days later delirium set in with dry tongue and cough with scanty sputa, which contained some yellow elastic fibres. Auscultation detected fine râles, generally diffused, and percussion gave a high pitched note. The case was treated symptomatically. The temperature fell to 95°, and the pulse to 66. Turpentine was applied to the abdomen, back and chest successively. For the diarrhœa he gave bismuth, gr. xx, every hour, with acetate of lead in solution and opium in suppository. The patient is improving.

A VIRGINIAN entered the Medico-Chirurgical Hospital to be treated for epilepsy. Bromide of potassium succeeded in restraining the convulsions but had no effect upon the petit mal.

This appeared in the form of spasms, commencing back of the left ear and extending forward to the left eye. The veins leading from the outer corner of the eye were curiously enlarged. Acne of the suppurative type was quickly produced by the bromide. To prevent this the bromide of arsenic was added in full doses. Antipyrine, in doses of three grains every four hours, at once diminished the seizures of petit mal from ten (daily) to two. The case was under the care of Waugh.

RADICAL CURE OF HERNIA.—Garretson, with a view of demonstrating that comparatively few and simple instruments are needed in the practice of surgery, performed at his general clinic a few days back Agnew's operation of invaginating the scrotum and sewing it into the internal inguinal ring for the radical cure of hernia, using for the purpose an ordinary bivalve ear speculum and two grooved directors. To Dr. Garretson belongs the credit of being the first to do this operation, he happening to have a peculiarly favorable case immediately following the devising of the means by Professor Agnew, the instruments being loaned him by this gentleman, who as well assisted at the operation. This first operation was made some twenty years back, and the cure remained complete when the patient was last seen, ten years later.

In cases of fatty heart where the effects of digitalis are desired, but where that drug is inadmissible, the fluid extract or tincture of cimicifuga may be used with advantage.

A patient was brought to the Medico-Chirurgical Hospital, suffering from a rupture of the urethra, the result of a violent attempt to urinate through a narrow stricture. When he was admitted, the scrotum as well as the adjoining parts was enormously infiltrated with urine, and all somewhat gangrenous. On account of the stricture, a staff could not be introduced, so that Goodman performed perineal section in the median line, without that aid. A catheter was introduced into the bladder and the scrotum freely incised. The man is doing well.

PHILADELPHIA HOSPITAL—PLEURISY.—In speaking of pleurisy, Henry said that he considered the fingers by far the best instruments for percussion, since the sense of touch is, in many instances, almost as valuable an aid as the sense of sound. He exhibited a case of hemorrhagic pleurisy of the left side, and aspirated about thirty ounces of the effusion. He would not remove more than one-half the effusion, because the patient was old. In such cases he thought frequent tappings advisable, rather than taking all away at one time.

UNUNITED FRACTURES—ULCERS.—Ununited fractures of the lower jaw are generally caused, says Hearn, by the presence of a tooth at the point of fracture. He has never seen a case in which the removal of the disturbing tooth was not followed by immediate union. He showed two cases of ulcer of the leg, much denuded of skin—one completely around the leg—which he was covering by skin grafting. Small bits of epithelium, snipped from the living skin, are pressed here and there on the raw surface, where they quickly grow and spread in every direction.

ADMINISTRATION OF IODIDES.—Where the stomach refuses to accept ordinary doses of iodide of potash, Hearn advised beginning with one grain doses. Keep this up for a few days; then increase to two grains; and so on till the stomach can be trained to take from 18 to 20 grains three times a day.

MEDICO-CHIRURGICAL HOSPITAL.—*Impetigo contagiosa* is a highly contagious parasitic disease, marked by discrete pustules appearing on the face especially, and spreading to the conjunctiva and also to the mucous membrane of the nares, causing much dyspnœa. For a case at his clinic Shoemaker prescribed:

℞ Hydrargyri oxidi flavi..... gr. iij
Pulveris marantæ..... ʒ ss
Plumbi carbonatis..... gr. xv
Unguenti aquæ rosæ..... ʒ j M.
Apply locally.

He also gave a tonic.

A ready way of detecting albumen in the urine, according to Woodbury, is to fill a 4 or 6 oz. narrow necked bottle with urine. Pour out the urine

and refill the bottle with water. Now quickly invert the bottle and allow the water to run out. If large air bubbles fill the bottle, albumen is likely to be present.

As a local application in diphtheria, Stewart prefers Monsel's solution, used in strength sufficient to prevent the reproduction—pure, if necessary. He has not lost a case of diphtheria in an adult since he began this treatment.

In chorea, Waugh gets better, results from cimicifuga than from any other medicament. He says that the tincture of the shops cannot be depended on; so he makes a fresh infusion, ʒj to the pint. Of this he gives a tablespoonful three times a day, gradually increasing the dose to an ounce, if possible.

## TRANSLATIONS.

THE MICROBE OF WHOOPING-COUGH.—Prof. Aphanassieff describes (*Vratch*) a specific bacillus in the expectoration of infants suffering with whooping-cough, which he considers peculiar to the disease. Culture experiments, with inoculation of animals, led to the production of a pathological state very analogous to pertussis. The microbe can always be found in the bronchial and laryngeal mucous membrane in animals which had succumbed to the injection.

BOILED WATER AS AN ASEPTIC.—Microbian cultures flourish in the most concentrated solutions of carbolic acid; and this is also true of sublimate solutions actually as strong as usually recommended.

The accidents occasioned by corrosive sublimate, by carbolic acid, and even by iodoform, are so frequent and so well known in the meantime, that one cannot too warmly urge upon surgeons the use of simple water, which, after filtration and boiling, at 100°, or better at 120°, if one has the proper apparatus, is certainly the best aseptic we have at our disposition.

While solutions of hydro-chlorate of morphine for hypodermic use, made according to the old method, with distilled water, are full of micro-organisms and of microbes at the end of five to ten days of use, they are preserved pure and perfectly limpid during weeks or even months, if water be employed which has been filtered and boiled.—*Gazette de Gynécologie.*

RELAPSE FROM MEASLES.—In the same family two children were seized with measles. The eldest presented all the classical signs of the affection; oculo-nasal catarrh, morbillous bronchitis and the characteristic eruption. During his convalescence the younger brother was taken in his turn, and had entered upon *his* convalescence when the elder was seized anew, fifteen days after the first attack, with a new one, attended by the same symptoms.—*La Normandie Méd.*

TREATMENT FOR DIPHTHERIA.—Dr. Moure, of Paris, recommends the following:

If the case is a grave one, cauterize with pure phenic acid; but if not so serious, with a solution of phenic acid and glycerine; the application to be made twice daily.

Every two to three hours insufflation of hot water to dissolve the false membranes; after which spray the throat with a solution of lactic acid and lemon juice.

If there is an accumulation of false membrane in the back of the fauces, use an emetic. If the larynx and the trachea become affected, give a potion of Guttmann's pilocarpine with a tablespoonful of Malaga wine; or a subcutaneous injection of pilocarpine. Friction on the chest with camphor-pomade.

Internally, give every two hours a tablespoonful of the following:

| | | | |
|---|---|---|---|
| Lemon juice..... | 100 | grammes | (ʒiijss) |
| Sulphate of soda.. | 3 | " | (gr. xlv) |
| Chloride of sodium. | 3 | " | (gr. xlv) |
| Honey..... | 20 | " | (ʒv) |
| Ext. of cinchona... | 2 | " | (ʒss) |
| Phenate of soda... | 1–2 | " | (gr.xv–xxx) |

Evaporate in the chamber Renon's solution, as follows:

| | | | |
|---|---|---|---|
| Acid. phenic..... | 5 | grammes | (gr. lxxv) |
| Acid. benzoic..... | 2 | " | (gr. xxx) |
| Acid. salicylic..... | 1 | " | (gr. xv) |
| Alcohol. rectif..... | 40 | " | (ʒxss) |
| Aquæ..... | 2 | litres | (2 quarts) |

—*Revue Mensuelle de Laryngologie d'Otologie, et de Rhinologie.*

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, APRIL 2, 1888.

## EDITORIAL.

### FIFTY THOUSAND DOLLARS FOR CHARITY.

THE announcement was made in one of our leading daily journals some weeks since that a gentleman contemplated giving the above sum in charity, and desired advice as to the best method of disposing of it. Several interesting points were developed by this singular request. One of the first was the large amount of good advice to be had for the asking, and the multitudinous character of the man who knows just how this sum should be expended so as to accomplish the most good. The unanimity with which each recommended the charity in which he happened to be specially interested, reminds one of the ten Grecian generals, each of whom voted for himself as commander-in-chief, and for Themistocles as second. In fact, it might be worth while to poll the physicians and managers of all our hospitals for their *second* choice.

But this discussion has served a more useful purpose in calling attention to the number of worthy charities in this city and to the practically unlimited opportunities for doing good. Few of those into whose hands the Directory of the City Mission has not fallen are aware of the work already under way. There are many deserving charities, the results of thoughtful consideration of the woes of humanity, which humbly do their part in alleviating a little of the great mass of human suffering, though scarcely a percentage of our citizens are aware of the existence of such institutions. Take the Home for Aged Couples, for instance. What can be more beautiful than the idea of a refuge for the aged, where they can sit out the remainder of their days in peace, hand in hand, when life's storms have left them stranded on the beach of poverty?

It may be questioned whether such a sum would be better expended in comforts for the declining years or in fitting the young for the active duties of life; or, yet, in providing for those accidental and unforeseen hardships which interrupt the even current of life with unmerited misery.

It has been usually the fashion in Philadelphia to start *new* charities, rather than to build up those already under way. The Wills' Eye Hospital, the Preston Retreat or the Burd Orphan Asylum, have little chance of receiving legacies to perpetuate the name of the original founder. He who devotes a fortune to charity has a right to so bestow his means as to perpetuate his own name.

If the prospective donor wishes to aid an institution already in existence, we would suggest that he give his money to that whose charity is most freely bestowed, with the least restriction; where the greatest amount of good is done with the means already at its disposal. Hospitals which take no poor, which are limited in their scope, or which are already amply endowed, may give place to more actively useful and necessary charities.

But if it be the desire to found a new institution, there is one which we think is sadly needed. We will admit without argument that it is undeserved, but we feel the deepest pity for the inebriate. The harm he does is incalculable. He drags down his innocent family into the gulf with him. He perpetuates his surrender to Kama and hands it down as an inheritance, even to the third and the fourth generation, in the "interchangeable neuroses."

It must be confessed that society has as yet accomplished but little in the management of these cases. The inebriate is not insane, and yet he is dominated by a power which is beyond his own control. He is not amenable to law unless he commits some infraction of the code. The law looks with jealousy upon any restraint of his personal liberty, and consequently the drunkard is allowed to debase himself, waste his property and beggar his family without interference.

It is true there are a few institutions alleged to be for the cure of inebriety, but the results of treatment in them are by no means satisfactory. The inebriate is treated like a guest in a summer hotel. He is well fed, comfortably lodged, and the resources of the establishment are taxed to keep his highness amused. After a year of this *dolce far niente* life, he goes back to the friends who have been laboring to support him. He returns to take up the burdens of life, to meet the consequences of his former folly, with will-power enervated by a year of idleness and dependence on others. With that ingrained selfishness characteristic of the disease, he finds it preferable to relapse into drunkenness and transfer the responsibility to his friends. "If they had treated me as the Home did, this wouldn't have happened," is the excuse ready, and by iteration he learns to believe it a sufficient one.

For the poorer wretch there is not even this retreat, and the House of Correction alone affords a place of detention for him. Here he is herded with tramps, petty thieves and criminals of the most contemptible classes. It is a matter of common observation that a man confined in the House of Correction for drunkenness, comes out far worse than he went in. The association with criminals is not so bad as the palpable fall from the plane of respectability, which sweeps away one of the strongest barriers to unbridled indulgence.

For the inebriate, then, we may say without fear of contradiction, that no adequate means of treatment have as yet been devised. The State provides for her deaf-mutes, her blind, her idiots and her insane. There are jails for the wicked, hospitals for the sick, almshouses for the poor, but no suitable place for the drunkard, though the need is great. It is unnecessary to demonstrate the value such an institution would possess were it conducted upon the proper plan.

The legal difficulties, the erection of safe-guards about the personal liberty of the citizen, are not more complex than those pertaining to mad houses.

Such an institution should be in the country, away from the temptations and from the excitement of a great city. Country life and rural pursuits are best suited to these cases. It should emphatically be a work-house, where the inmates must earn their bread before they eat it; and, if possible, should contribute to the support of their families at the same time. The chief of the establishment must be a physician, and every inmate should be looked upon as a case of disease, to be treated and managed as any other nervous affection would be, with reference to its cure. There would be no lack of suitable patients for such a hospital; and if its success were demonstrated, the State could easily be induced to follow up the experiment. Thus, the good effects would far exceed those directly due to the sum originally expended.

There are many tracts of wild land in the mountainous parts of Pennsylvania or of West Virginia which could be purchased for a trifle, and where the necessary seclusion could be secured.

W. F. W.

## MEDICAL ADVERTISING IN RELIGIOUS NEWSPAPERS.

THE medical journals occasionally are (quite needlessly, according to our minds) exercised upon the subject of popular medical advertisements appearing in the columns of more or less religious newspapers. The "moral turpentine," displayed by the latter in continuing to publish the marvelous virtues of nostrums and to actually take money for the same and wax fat and prosperous, whereas it is a well-known fact that many orthodox medical journals lead a lean and hungry existence, is incomprehensible to the editorial mind and *ergo* doubly reprehensible. A couple of years ago the *Medical Record* pointed a moral to its religious contemporaries, and threshed out this subject until nothing was left but chaff. In spite of its plain and logical deductions and friendly advice—none the less valuable because unsolicited and entirely gratuitous—no sooner was the sermon over than, like the fish that St. Anthony preached to, they all, with one accord, proceeded to continue doing exactly what they had done heretofore.

It is very evident, if the premises of the medical journals are to be admitted, that the religious periodicals are in a dilemma. Our contemporaries bring the editors and managers of religious papers before the bar of public opinion, charged with hypocrisy, venality, simony and general unfitness for their work, and proceed to try them off hand and sentence them at once, unless they throw themselves on the mercy of the court, and promise never to be guilty of the offence again.

To all this the alleged religious newspaper might reply that the term "quack medicine" is an opprobrious term, designed to prejudice, and prejudge the case; that, if the advertising of nostrums is wicked, then those who manufacture them are public enemies, and the laws should punish them as malefactors; and that those individuals, religious or not, who are in possession of the facts to substantiate these charges are in duty bound to see that such offenders are prosecuted and duly convicted. In brief, that until medical men are successful in convincing the people that nostrums must not be touched, tasted or handled, there will be an air of Quixotism in tilts at family journals, whether religious or not, that publish what pleases their patrons. If a great New York firm, publishing a first-class medical journal, can afford to publish quack advertisements in the *Popular Science Monthly*, it is not at all a wonder if poor Jack Falstaff should make a lapse occasionally from scientific truth.

The fact is, that in spite of the dictum of the magnate, the public is not an ass, at least it is not such an ass as not to detect and discount a patent medicine advertisement wherever it is encountered. And for those persons who are so simple as to take their medical advice from the advertising columns of a religious journal, why, perhaps, after all, they are in better case than those who take their religious and moral instruction from the medical press. This also is vanity.

F. W.

## AGNEW JUBILEE.

PROF. D. HAYES AGNEW, on the sixth of the present month will have completed the fiftieth year of his doctorate in Medicine. The testimonial of a dinner will, on that date, be tendered to the distinguished and widely loved veteran, Professor of Surgery, J. M. Da Costa, M.D. L.L.D., is the Chairman of the Committee on the dinner, which will be served in the Foyer of the Academy of Music. A portrait will be painted and deposited in the College of Physicians. On Tuesday, April 24, a Jubilee will be held at the University of Pennsylvania in which all may participate who wish to do so. Subscriptions ($3 each) to the latter must be sent to the Committee, of which Professor Jas. Tyson is Chairman, not later than April 10, 1888.

## NOTES FROM SPECIAL CORRESPONDENTS.

### LONDON.

THE GULSTONIAN LECTURE.—INSANITY IN RELATION TO CARDIAC AND AORTIC DISEASE AND TO PHTHISIS.—RADICAL CURE OF HYDROCELE.—OCCLUSION OF LARGE ARTERIES BY FLAT LIGATURES.—EUTHANASIA, BY DR. MUNK.—PARASITIC FŒTUS.—HERMAPHRODITISM.—HOSPITAL IRREGULARITIES.—SMALL-POX IN SHEFFIELD.—PANDEMIC WAVE-THEORY.

THE Gulstonian lecturer at the Royal College of Physicians this year is Dr. W. Julius Mickle, the medical superintendent of the Grove Hall Asylum at Bow, where the majority of the inmates are men who have become insane while in the army. He has chosen for his subject "Insanity in Relation to Cardiac and Aortic Disease and Phthisis." Dealing first at great length with the physiology of the cerebral circulation, he pointed out that two different views as to the way in which variations in the amount of blood within the closed cavity of the cranium, the capacity of which could never vary, were rendered possible. To the most generally held view—namely, that the cerebro-spinal fluid was the other variable factor—he advanced the objection that there was no apparent provision in the spinal canal for disposing of the cerebro-spinal fluid, which under this theory is supposed to be squeezed out of the cranial cavity when the amount of blood in the vessels of the brain is increased. This is an objection which has never been completely met. Dr. Mickle suggested that it might be explained by assuming that there was an alternation of activity between the brain and spinal cord; and that, with the consequent diminished supply of blood to the cord, space was afforded; while at the same time the large and soft walled veins of the meninges of the cord easily permit an outflow of blood under the pressure of the inundation of cerebro-spinal fluid. The other view is that the changes in the brain circulation are provided for by the venous sinuses of the skull, which act as temporary reservoirs; while at the same time, when the blood-pressure is increased in the brain, the blood flows with greater freedom through the sinuses and out of the skull. Either theory involves the assumption that the additional space needed by the brain is found by increased outflow from the veins, in the one case of the vertebral canal, and in the other of the cranium. Variations in the rapidity of flow of venous blood from the brain would go a long way towards explaining how an increased supply of arterial blood can be permitted. With increased cerebral activity and increased arterial blood supply, there is a rise of intracranial pressure which must affect the current in the cerebral sinuses, increasing its rapidity in direct proportion to the increase of intracranial pressure; the sinuses, with their rigid walls, acting thus not only as temporary reservoirs, but also as sluices.

Previous writers have stated that where heart disease is a chief factor in the production of insanity, states of exaltation and excitement have been associated with hypertrophy and disease of the aortic valves; whereas depression and melancholia have been associated with dilatation or mitral disease. Dr. Mickle has collected a considerable number of cases observed by him during life, and which he had also been able to examine after death. He has thus brought together the history and post mortem appearances of twenty-nine cases in which disease of the mitral valve either determined insanity or modified the character of pre-existing insanity. In thirteen of these cases the mitral disease was the chief somatic malady and dominated the history of the cases. In the cases where the mitral disease was insufficiency (regurgitation), the mental disturbance had the characters of sombre emotional dejection, or melancholic dread with hallucinations or illusions, or a morose, sullen, taciturn state. Where the mitral disease was stenosis, there was intense querulousness and delusions of persecution, annoyance and injury.

An interesting discussion on the radical cure of hydrocele was raised at the Royal Medical and Chirurgical Society by Mr. Henry Morris, who related two cases of excision of the tunica vagina-

lis followed by recurrence of the hydrocele. It was rather surprising to hear from Mr. Treves that twenty-five per cent. of the cases relapsed, whether the means of "radical cure" adopted were injections of Curling's strong tincture of iodine, incision or excision. He stated that his present practice in relapsing cases was to open the sac and swab it out with nearly pure carbolic acid. Mr. Bryant said that he generally injected two drachms of a mixture of equal parts of the tinctura and the liquor iodi (B. P.), and was careful to empty the sac of all hydrocele-fluid before injection. Sir Joseph Fayrer had found an injection of two drachms of tincture of iodine undiluted cured very nearly all simple hydroceles, and that no other fluid could be used with so much success.

In a paper read before the same society in 1886, Messrs. Ballance and Edmonds advanced evidence to prove that it was unnecessary and inadvisable to rupture the coats of a large artery when applying a ligature in its continuity. Three cases were reported to the Clinical Society at a recent meeting in which this theory, founded on experiments on the lower animals, was successfully applied to man. In one, Mr. J. R. Lunn had thus occluded the superficial femoral artery for popliteal aneurism; kangaroo-tendon was used, and drawn tight round the artery in a clove-hitch without rupturing the coats; pulsation in the tumor was arrested immediately and did not return. The patient, a woman aged 45, made an uninterrupted and perfect recovery, but was kept in bed for seventy-two days. In the second case reported to the meeting, secondary hemorrhage had occurred after amputation at the hip-joint, for sarcoma of the femur. As it was thought that it would have been fatal to the patient to have opened up the flaps to search for the bleeding vessels, and as pressure on the common femoral controlled the hemorrhage, a clove-hitch was put around that artery. No return of hemorrhage took place, and the patient made a good recovery. Mr. Pitts, who performed the operation, justified his departure from established practice by asserting that the old fear of hemorrhage at the seat of ligature was not felt by a surgeon who placed a flat ligature on the vessels and did not divide the coats, but merely closed the lumen of the vessel. The same surgeon related the third case, that of a boy admitted with fracture of the thigh, rupture of the popliteal, and very extensive extravasation. He was almost moribund; but, to give him a chance, the common femoral was occluded by a flat ligature without rupturing the coats. The boy died next day, and at the post-mortem examination it was found that the artery was impervious to water, although the coats were entire.

"Homo liber de nulla re minus quam de morte cogitat." I do not know who is responsible for the Latinity of this sentence; but it embodies a great truth. Even physicians, who are so often brought in contact with death, but seldom give any attention, either in their conversation or their writings, to the management of the closing scene. Perhaps the cheap jokes which are made about death and the doctor have something to do with the prevailing reticence. The joke has never been better brought off perhaps than in the following lines, which will appeal to a good many juniors:

One doctor single, like the sculler plies,
The patient struggles, and by inches dies:
But two physicians, like a pair of oars,
Waft him right smoothly to the Stygian shores.

There is also a Latin version:

Unicus ægrotum dum tractat, remigis instar,
Paulatim medicus disperiisse videt:
Navigio celeri Stygias defertur ad undas
Cui duo dant medici, dira biremis, opem.

I believe the English version is the original, and the Latin the translation; and this is confirmed by a small but important discrepancy between the English and the Latin. The latter declares that two physicians carry the patient swiftly to the Stygian shores; whereas the English version has "smoothly" where, so far as rhythm goes, "swiftly" would do as well. The English version may therefore be understood in a sense which is not uncomplimentary. Granted that the fatal passage has to be made, the patient who is helped to cross the Styx by two physicians will suffer less pain and discomfort than he who has but one, on the principle that

two heads are better than one. If the lines may be understood in this sense, they convey a lesson as well as a compliment; a lesson which Dr. Munk has set himself to teach in a thin octavo to which he has given the title *Euthanasia.* The subject is a good one for a learned man, such as the ex-Harveian librarian of the College of Physicians is reputed to be, to choose; but truth compels me to say that he has not handled it particularly well. With John Hunter, he "thanks God for opium," and quotes from Dr. Heberden the opinion that, "under the protection of an opiate, the patient's strength has been kept up; and even in hopeless cases, in which the dying person is harassed by unspeakable inquietude, he may be lulled into some composure, and without dying at all sooner, may be enabled to die more easily." He gives a receipt for "ether punch" which is new to me, and may be worth reproducing. It may be written as follows:

℞ Spiritus ætheris co. (Hoffmann's anodyne):.....℥ij
Acid. sulphurici dil.....♏xl
Sacchari alb.....℥ss
Aquæ menthæ viridis.....ad ℥vj
M. Ft. mist. Sig. One-fourth for a dose.

Two rather curious cases were brought before the Pathological Society at its last meeting. One was a remarkable example of parasitic fœtus. The unfortunate owner of this appendage is a bright looking Hindoo lad aged 17, who is the centre of attraction at a penny show in Tottenham Court Road. The parasite, consisting of upper extremities and shoulder girdle, gluteal region and lower extremities, is attached to the lower part of the right side of the boy's sternum and to the structures below this. The upper parts are freely movable, the lower less so, upon the body of the boy; but neither are capable of spontaneous movement, although sensations are perceived. There is a well formed penis (capable of erection), but no testicles. Occasionally a few drops of urine are passed by the penis of the parasite, which possesses at least one kidney. The other case was an example of hermaphroditism. The child had died after an operation for the radical cure of hernia. The organs of generation presented a curious complex. There was a uterus, Fallopian tubes and vagina, a penis and prostate gland. Two organs, situated just above the Fallopian tubes, were at first taken to be ovaries, but turned out, when examined microscopically by Mr. C. Stonham, to be testes. The family history contained other examples of abnormality of the sexual organs. One of the speakers afterwards fell into the error of speaking of this case as an example of a human free-martin. The term, however, is applied to a calf which, with the external organs of the female, is born at a twin-birth with a bull-calf. The true free martin is never fertile, and is, it is said, a hermaphrodite. It is believed that in this case the two calves are derived from the same ovum. More rarely two ova may be fertilized, it is thought, simultaneously; and in that case, if of different sexes, the calf presenting the external marks of the female sex may be a genuine female and fertile. This explanation has at least the virtue of reconciling the conflicting statements of stockmen.

St. John's Hospital for Skin Diseases has lately been a good deal before the public, and not in a very favorable light. Serious charges have been made as to the way in which it is managed, and certain irregularities have been admitted. Three members of the medical staff were summarily dismissed for questioning the managers, who declined to grant an inquiry. This refusal was maintained on appeal to a meeting of the governors, which meeting, it is said, was packed. The Duke of Northumberland and other influential supporters of the hospital have resigned their connection with it, and now the editor of *Truth* (Mr. Labouchere, M. P.) has taken up the controversy; he made some serious allegations and demanded a legal inquiry. After waiting a week, he repeated his challenge on March 1, and hinted that if Mr. St. Vincent Mercier, the secretary, would not take the bull by the horns, the bull would become still more aggressive.

An outbreak of small-pox at Sheffield has attained rather large proportions, and threatens to extend throughout the manufacturing districts of Yorkshire and Lancashire. It must be admitted that Leicester, the great cen-

tre of the anti-vaccinationists, has so far been more successful in excluding small-pox than other towns have been in stamping it out. The system followed in Leicester, however, is very rigid, and would not be tolerated by a people who were not enthusiasts in a cause. Every case of small-pox imported into the town is reported to the health officer and immediately removed to the infectious hospital; and every person who has come in contact with the patient is quarantined and compensated for loss of wages. The system is expensive, it bears hardly on the persons who have been exposed to infection, and it seems almost certain that, sooner or later, it must break down, and the experiences of Montreal will be repeated. Quarantine has also been enforced against small-pox with great success in New South Wales; but there it was combined with vaccination. The object of the Leicester system is to do without vaccination, and I cannot share the indignation expressed by many writers who defend vaccination against anti-vaccination (a terrible waste of labor). The experiment is extremely interesting, and will probably throw light not only on the vexed question of the value of vaccination, but also, and chiefly, on the value of thorough-going quarantine and "sanitary precautions." No doubt the experiment bears hardly on the children born within the last decade; but in the case of no other disease do we attempt to defend children from the consequences of the gross ignorance of their parents. I believe that we shall very soon have an experiment on a still larger scale tried in this country, for it seems to me more than probable that compulsory vaccination will shortly be abolished. The politicians have already begun to count the votes of the anti-vaccinationists, and Mr. Gladstone, our chief machine-politician, has declared that he "keeps his mind open on the subject."

The apparently capricious manner in which epidemics appear, travel for a time in one or more directions, and then disappear; the inexplicable way in which individuals and communities escape, afford some groundwork of fact for the fancies of persons who "keep their minds open." We may, therefore, feel a certain gratitude to Inspector-General Lawson, an officer of the army medical department on the retired list, who has just given the first course of Milroy lectures at the Royal College of Physicians. His doctrine of "pandemic waves" appears to me a shadow founded on shadows. He supposes that there is some connection between these "pandemic waves" and magnetic force, because he has noticed that the position of these waves from year to year seems approximately defined by lines of equal magnetic dip; but his only ground on which the existence of these waves is assumed is that records of epidemics of "fever" appear to show that they recur at intervals of two years or of some multiple of two years; and that a regular sequence of years of greatest epidemic incidence may be traced in a series of stations scattered over the world from Buenos Ayres and the Cape of Good Hope to Northern Europe and Iceland. In this way he has calculated that a "pandemic wave" takes six years to pass from the Cape of Good Hope to England. The theory was first propounded nearly thirty years ago, but has not been generally adopted by epidemiologists; nor in its present crude form is it likely to gain many adherents. An author who uses the word "fever" as though it were a precise epidemiological term for a single disease, and uses the word, taken in this general and loose sense, for the very groundwork of his theory, repels readers who take a serious interest in epidemiology. This is all the more to be regretted, as attention is now being more and more directed towards those other factors in the production of epidemics which are not contagion. Contagion will not explain all the phenomena, and bacteriologists now attach far more importance than formerly to individual susceptibility. Epidemiologists are ready to take a still wider view, and it would really seem as if so experienced and laborious a physician as Dr. Lawson might have hit upon a useful generalization. It is therefore disappointing to find him harking back to the old and pointless theory. How true is the observation of the great novelist: "It is the nature of an hypothesis, when once a man has con-

ceived it, that it assimilates everything to itself as proper nourishment; and from the first moment of your begetting it, it generally grows the stronger by everything you see, hear, read, or understand."*

The first step has been taken for preparing to receive the International Congress of Hygiene and Demography in London in 1891. Before separating last year at Vienna, a permanent international committee was appointed to carry on the organization of the Congress. This permanent committee will meet next autumn at Dresden; but it was thought desirable to create an organization in England without delay, as so many interests have to be consulted. A meeting was held recently in London of delegates from the Society of Medical Officers of Health, the Sanitary Institute and the Parker Museum. Sir Douglas Galton, Professor W. H. Corfield and Mr. Shirley Murphy, the English members of the permanent committee, were nominated a sub-committee to open communications with the universities, the medical corporations, and the chief architectural and engineering societies, with the view of obtaining their support.

In describing the virtues of an exclusive milk diet in Bright's disease, Dr. George Johnson, F.R.S., mentions the case of a gentleman, aged 55, who consulted him for chronic gouty albuminuria, the result of too free living. He was recommended to try an exclusive milk diet, to which he adhered five years, taking a gallon a day skimmed, as the milk yielded by his own cows in the country was so rich that, unless the cream was taken off, he became too fat. His health greatly improved, and he felt well, though a trace of albumen remained. After five years he went back gradually to a mixed diet, and when last heard of, twelve years from the time he was first seen, he was in good health.

It is desired that as many names as possible should be added to the list of the subscribers to the Donders Memorial Fund. Professor Donders has to retire, owing to attaining the age of 70, from his chair of Physiology in the University of Utrecht, on May 27, 1888, and on that day the memorial is to be presented to him. A committee has been formed in this country by the Ophthalmological and the Physiological Societies to work with the Dutch committee, and subscriptions will be received by Professor Gerald Yeo at King's College, Strand, London. The fund will be devoted to some object designated by Prof. Donders.

The Pathological Society will devote three evenings in October and November to a discussion of the pathological changes produced by chronic alcoholism, and the exhibition of specimens relating thereto. The discussion will be opened by Dr. J. F. Payne, of St. Thomas' Hospital.

DAWSON WILLIAMS.

* Tristram Shandy, vol. II, 19.

## ABSTRACTS AND NEW REMEDIES.

PERMANENT EMULSIONS IN SKIN DISEASES.—*Eczema lupus.* This was of many years' standing, and had extensively implicated the right side of the face. The skin was covered by tuberculous crusts, and an unhealthy ichorous discharge was present. Numerous ointments, lotions, and mixtures of the two were tried in vain. As a last resort, was used:

| | |
|---|---|
| Vaseline | 1 oz. |
| Bismuth trisnitrate | 1 dr. |

Ft. unguentum.

| | |
|---|---|
| Gum acacia | 160 grs. |
| Boric acid | 16 grs. |
| Water | 1 oz. |

Ft. lotio. Misce.

The patient, an elderly lady, was directed to smear this over the crusts several times a day, and not to wash it off, but to apply one layer upon another until a thick covering had been formed. Rapid improvement took place. Three weeks from the commencement of this method of treatment the whole crust came away. The entire surface beneath it was found to be sound and healthy. With the exception of a slight amount of scaliness and a scar of considerable extent, the patient remained free from the complaint for nearly two years. A slight return of the eruption then manifested itself, and a further use of the remedy again produced a successful result. No

further return of the disease has since occurred. This case is recorded at length to serve as a typical illustration of the good effects to be derived from so simple an application, even in lupus. A few cases of an analogous character have since come under my notice, and applications similarly medicated gave equally satisfactory results.

With some few exceptions, the most obstinate kinds of eczema will yield under their continued use. In fact, strange as such a statement may appear, the more incurable, apparently, the disease, or the more aged the sufferer, the more quickly does the emulsion effect a permanent change for the better. Broken chilblains and the eczematous eruptions that occur on the extremities from various local causes, are especially obstinate under ordinary local remedies. An individual suffered for years from eczema of the fingers, due to the constant handling of irritants. The itching ceased under the treatment, and the hands were soon free from the disease, although this patient remained all the time at his occupation.

One of the principal points with this treatment in eczema is the relief of itching and irritation. This takes place almost immediately after the remedy is applied. An elderly gentleman consulted me who had been for years afflicted with chronic eczema. He had not had a proper night's rest for months. The pruritus was intense. The bismuth formula was applied when the irritation was troublesome, with directions that no textile dressings were to be used, and that the part was to be kept dry. This was the only application which enabled him to sleep. At first one application daily was sufficient, but afterwards a single application arrested the itching for a week. The disease is now practically well, but he still uses the remedy at intervals of a fortnight to make certain of thoroughly eradicating the complaint.

Another gentleman suffered similarly with severe pruritus associated with chronic eczema. Two applications of the remedy permanently arrested the itching and cured the disease.

I give these as types of many cases in which the emulsion treatment acted with uniform certainty. The troublesome pruritus of old people is rapidly cured under its use. The irritation of chronic urticaria was effectually arrested in seven cases in which the emulsion was tried. Crude pyroligneous acid in a thin and well-diluted emulsion will be found to act well in such cases, but other formulæ are equally effective. In chronic urticaria it is generally necessary to administer internally a suitable alkali in conjunction with the local remedies until all fresh wheals and papules have ceased to make their appearance. In eczema capitis, or scald head, the medication of the emulsion in recent acute cases requires to be varied to suit each case individually. The bismuth formula certainly proves rapidly curative in chronic cases, and especially in those that have resisted other forms of treatment. Where this formula has failed, I have employed oxide of zinc with glycerine or salicylic acid with good results. The acute eczema of infancy is the only form of catarrhal eruption which does to any extent resist the action of these preparations.

Permanent emulsions have proved very effectual in psoriasis. This basis, when suitably medicated, is the best I have ever used in this complaint. After a variable time the application dries, effectually covers up the affected part, and curative drugs are retained in continual contact with the hypertrophied papillæ. Chrysarobin, trisnitrate of bismuth or salicylic acid, if used as medicaments in quantities of from five to ten per cent. upwards, can be applied in this manner. The chrysarobin emulsion is a cleanly compound. It should be gently rubbed in for several minutes. Owing to its drying on as a film, it prevents staining of linen or surrounding parts. One of the most satisfactory formulæ to use in psoriasis is constituted as follows:

| | |
|---|---|
| Paraffin molle | ½ oz. |
| Zinc oxide | 1 dr. |
| Pure liq. carbolic acid | 1 min. |

Ft. unguentum.

| | |
|---|---|
| Gum acaciæ | 80 grs. |
| Boric acid | 8 grs. |
| Glycerine | 1 dr. |
| Aquæ | ½ to 1 oz. |

Ft. lotio.

Place the ointment in a warmed mortar; incorporate with it the gum; then add two drachms of hot water, and

finally the remainder of the water mixed with the ingredients of the lotion.—KNAGGS, in *Provincial Med. Jour.*

ANTISEPTIC PROPERTIES OF "LANOLIN" AS AN OINTMENT-BASIS.—Gottstein, in the *Berliner Klin. Woch.*, states that lanolin is absolutely inimical to the growth of micro-organisms. It does not undergo decomposition under the influence of the air, even when water or an alkaline solution is present, whereas all ordinary fats (glycerine fats) spontaneously decompose and become rancid from the separation of their appropriate fatty acids. Whether a body is a fit material for the growth of bacteria or not, depends upon such decomposition, and it might be asserted beforehand that lanolin is inimical to bacterial life. But Gottstein has submitted the question to direct experiment, and has found that no bacteria of any kind can be grown upon or in lanolin. Certain putrefaction bacteria perish also in glycerine fats; and this is owing to two causes: first, because the fatty acids set free are hostile to bacteria; and secondly, because most germs found in the air are aërobiotic, that is, they require a fitting nutritious basis, the oxygen of the air, for their development. The air, however, contains also anaërobiotic germs, and it can be shown by experiment that sterilized (ordinary) fat, after it has been exposed for a few days, and has undergone the usual changes (a yellowish appearance and rancid odor), contains anaërobiotic germs in its interior. This is one of the chief distinctions between lanolin and ordinary fats, for such germs are not found and cannot develop in lanolin. But a second series of experiments showed in a still more striking manner the difference in this respect between lanolin and ordinary fats. When bacteria develop in a certain nutriment, even though the latter undergo no visible alteration, they will penetrate into any underlying nutriment of fit character, and develop in it also. But if the layer into which they are first introduced be adverse to their growth, it will prevent their penetration into the adjacent layer of nutriment. Thin layers of different kinds of fats, including lanolin, were poured over the gelatine surface in various test tubes respectively, and each tube, with its gelatine-covered fat, was thoroughly sterilized. After a few days solid substances known to contain anaërobiotic bacteria, for example, garden mould and old cheese—were dropped upon the fat. The constant result was that bacteria rapidly developed in pork fat, and extended to the gelatine, while in the lanolin glasses the gelatine remained perfectly clear. The contrast was very striking. The results of the experiments taken together are as follows: 1. The bacteria which take part in the spontaneous decomposition of glycerine fats are presumably anaërobiotic. Of aërobiotic germs, several kinds (some of which are connected with ordinary putrefaction) perish upon a fatty nutrient basis, the rapidity with which they die being in direct proportion to the amount of fat present. 2. Exposed ordinary fat is found to contain anaërobiotic germs after a few days; lanolin similarly exposed contains no germs of any kind. 3. Glycerine fats can be penetrated by bacteria; lanolin, on the contrary, forms an impermeable layer. The above facts are of interest therapeutically and biologically. As regards biology, Liebreich has shown that cholesterine fats, which are chemically the same as lanolin, are a normal constituent of the epidermis in man and the lower animals, thus constituting the most powerful protection against infection from without. Furuncles may appear, it is true, and may be shown to contain pus-cocci; but no connection in point of time exists between this development in superficial or deeper layers of the skin. And furuncles are always a sign of deficient vitality of the skin, for example, in the stage of convalescence after typhoid, and in marasmic children. There must be a causal connection between these facts. Therapeutically speaking, lanolin has a great future before it. Its miscibility with water in any proportion, its ready absorbability by the skin, its freedom from any tendency to rancidity, as confirmed and explained by the above experiments, constitute it the vehicle *par excellence* for cutaneous medicaments. Its preservative properties ought also to find practical application in other ways.—*Brit. Med. Jour.*

## REVIEWS AND BOOK NOTICES.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By JOHN V. SHOEMAKER, A.M., M.D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital, Philadelphia, etc. With colored plates and other illustrations. New York, D. Appleton & Co., 1888. 8vo cloth, pp. 633.

This is a systematic treatise upon the subjects usually discussed in the text-books on dermatology. The descriptions are clear, concise, and remarkably correct. Hebra's classification, slightly modified, is followed. The final chapter contains a copious formulary. The author displays especial ability in the directions for treatment, which are practical, rational, and evidently based upon experience, and a knowledge of current literature of the science. We know of no better work for the student or general practitioner.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By GEO. M. BEARD, A. M., M. D., and A. D. ROCKWELL, A. M., M. D. Sixth edition. Revised by A. D. Rockwell, M. D. With nearly two hundred illustrations. New York, Wm. Wood & Co, 1888. 8vo pp. 758.

A standard work like Beard & Rockwell's electricity requires no more than the announcement of its sixth edition. The paper is toned; in our opinion it would have a better appearance if pure white. The illustrations are abundant and elucidate the text.

THE MEDICAL AND SURGICAL REGISTER OF THE UNITED STATES, will be the title of the second edition of R. L. POLK & Co's DIRECTORY OF PHYSICIANS which will soon be issued.

Such a register is now indispensable, and should have the support of the whole profession. Any physician who is cognizant of mistakes or omissions in the first edition (which was remarkably correct) will confer a favor not only on the publishers but also upon those to whom such a work of reference is a necessity, if he will at once notify the publishers in Detroit, so that the second edition shall be as perfect as possible.

## LETTERS TO THE EDITORS.

*It is the earnest desire of the Editors to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editors. Short, concise papers upon medical subjects, records of cases worth being reported, and queries on any medical subject are requested.*

### CASE FOR DIAGNOSIS.

EDITORS MEDICAL TIMES:

Will you be kind enough to help me with a case I have been fighting for many months, with little, if any, improvement. The lady, aged 37, married, has five children. Her previous history is good; she is of one of the best families here. She was taken suddenly with a pain on the left side, sometimes at the seventh, then as low as the tenth rib. I have diagnosed intercostal neuralgia; and have treated the case internally as well as externally. I have used morphine hypodermically, belladonna liniment, chloroform liniment, veratria ointment; also have blistered several times. Internally, I have given morphine, chloral, iron, quinine, strychnine and antipyrine; and have watched the journals to see if there is anything else recommended. J. B. S.

[The pain of neuralgia is not usually so persistent, and we should look for a continuous cause, in uterine, cardiac or gastric disease. Blisters over the spinal transverse processes, corresponding to the affected nerve, may prove beneficial. Antipyrine may prove useful if given in doses up to 10 to 30 grains, when smaller amounts fail.]

### ANSWERS TO SOME OF YOUR QUERISTS.

EDITORS MEDICAL TIMES:

On page 316, G. B. S. asks the profession two questions, which I will try to answer. The yawning I look upon as a rare effect of the salicylic acid. I have witnessed a similar case from the same cause. Is G. B. S. sure he has used the alkaline treatment fully? Its

author gave an ounce or more of the salt each day, and the bicarbonate is not as good as the carbonate, which is better borne in large doses. I am pleased to see that his experience with Merrell's salicylic acid agrees with mine, in that it is much better borne by the stomach than the synthetic acid.

I think Dr. Kane could produce the same effect in a shorter time if he would use a full-sized soft catheter instead of a metal one. The absorptive force of the rubber is much greater than that of silver.

In view of recent researches into the etiology of suppuration, does not Dr. Drake believe that this process began in the nose and passed up along the course of the nerve through the foramen in the cribriform plate of the ethmoid bone?

H. C. B's case is not very clear. Is his case of epilepsy due to ear disease or not? It is possible that the tertian attacks may be really malarial. I would try the effect of quinine in a case as distinctly periodical as the one he relates.

A. M. P's case, on page 254, may be one of catarrh of the gall-ducts, or of hepatic abscess discharging into the bowels. I would recommend a course of Carlsbad water, taken before meals, as hot as can be borne.

On page 252, J. H. S. describes a fairly typical case of neurasthenia. My opinion is decidedly antagonistic to that expressed by the editors. When one has been kindly let off with such a warning as J. H. S., he should take heed and stick to his farm, leaving alone such hard work as he formerly did. The constant motion of the cars in railroad travelling would be very apt to start his neurasthenia again into activity. "Let sleeping dogs lie."

TUDELA.

## MISCELLANY.

### THE DISPENSARY DOCTOR.

[By the invitation of Dr. Thomas Wistar, who has been Secretary of the Board of Managers of the Philadelphia Dispensary for more than twenty years, and always manifested a warm interest in the young medical men engaged in its service, a reunion of the physicians connected with that venerable institution was given at the rooms of the Penn Club, on Thursday evening, March 8 With few exceptions, the invitations were confined to physicians who had been in the active service of the institution, including the present staff—a list comprising about one hundred names.

To the young medical practitioner, few better opportunities of acquiring practical knowledge and experience can be found than the dispensary service affords. Many physicians, living and dead, whose names are prominent in the medical annals of our city, have freely testified to the inestimable advantages which they derived from this source.

The Philadelphia Dispensary reunion was greatly enjoyed by all present. To both older and younger it seemed to be a pleasure to renew old acquaintances and make new ones. Medical gatherings like this one are as useful as they are pleasant. They promote a wider acquaintance, a better understanding, a greater unity of purpose and effort among medical men, and so far as they are prompted by a proper spirit in the promotion of a common cause, cannot fail to have a beneficial result. Towards the close of the evening, Dr. Wistar read the following poem appropriate to the occasion, which was cordially received, and requested for publication:]

Three years of exile from his pleasant home,
Three years of poring over learned tome,
Three years on benches that his bones make sore,
Three years of bending over dead men's gore,

Three years of trembling lest his funds give out,
And three years harassed with perplexing doubt—
(For who can know, until the very end,
If final triumph will his course attend?)
Such are the trials of his student life,
A fit probation for the after strife,
When daily rounds, 'mid filth and grime and blood,
Will sternly test his pluck and hardihood.

Then, for a moment, who so proud as he,
When hast'ning home to show his learned degree,
And read to friends and neighbors gathered round,
Its classic words of strange and unknown sound?

His parents fall upon his neck with joy
And honest pride that they have such a boy,
While timid sisters, between smiles and tears,
With warm congratulations fill his ears.

A few weeks' respite from the labors past,
A happy lot is his—perhaps the last—
While country sports and farming tasks he finds
The panacea for exhausted minds;

And rod and gun, and faithful Towser, too,
His boasted pills and potions quite out-do;
And where he feels a mother's pure control—
The best prescription for a torpid soul.

Delicious country! with thy rosy health,
Could man but quench his cursed thirst for wealth,
What satisfaction would he find in thee
That town denies its restless votary!

Thy cheerful voices soothe the fretful mind,
Cares fly away on pinions of the wind,
And surely life confers no sweeter boon
Than soft siestas of thy summer noon.

Thy fields, thy woods, thy landscapes ever new
With changing beauty that delights the view,
Thy boundless light and air, thy flowers and fruits,
Thy restful quiet that reflection suits;—

Where simple joys and mild contentment reign,
Nor vain ambition taxes heart and brain:
Such are the gifts by bounteous nature given,
That make thy peaceful paths seem nearest heaven.

Alas, our Æsculapius has not learned
The knowledge most by pain and sorrow earned,
And so he turns him from his rural seat
To pace again the city's crowded street;

An office opens in a modest way,
Where sons of ease and fashion seldom stray,
With each device young doctors too well know,
Whose slender means allow no room for show.

How many such, though poor and mean to view,
Have hearts as brave as ever hero knew!
He struggles on, with hope that somewhere lies
Some small reward for years of sacrifice.

With kindly heart, scarce asking if it pays,
By day, by night, through slums and alleyways,
He trudges on wherever suffering calls
And poverty its human prey enthralls.

He braves contagion in its dark abode,
From heavy hearts removes the weary load,
While oft his scanty purse supplies the need,
Where mothers weep and hungry children plead.

The world, too busy in its rush for gain,
Knows or cares little for the cruel strain;
Or, if it heeds, it coldly wonders why
A man like him should list the poor man's cry.

Devoted men! now all unknown to fame,
The poor man's praise will yet exalt your name
'Till wealth and fashion from their gilded throne
With just reward your vaunted skill must own.

Your great Exemplar trod the path before,
Dispensing healing to the sick and sore;
And truly, we may ask, what more you would
Than just the luxury of doing good?

For him whose courage holds, before whose eyes
When fortune smiles and yields the long-sought prize,
No truer pleasure will success secure
Than heartfelt blessings of the worthy poor.

THOMAS WISTAR.

Philadelphia, March 1888.

*OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM FEBRUARY 26, 1888, TO MARCH 10, 1888.*

FIRST-LIEUT. W. W. FISHER, ASSISTANT-SURGEON.—Sick leave extended one month on Surgeon's certificate of disability. S. O., 50, A. G. O., March 2, 1888.

APPOINTMENT.

PAUL SHILLOCK.—To be Assistant-Surgeon, with the rank of First-Lieut., Jan. 31, 1888.

FIRST-LIEUT. PAUL SHILLOCK, ASSISTANT-SURGEON.—(Recently appointed). Ordered for duty at Fort Assinniboine, Montana. S. O., 50., A. G. O., March 2, 1888.

*OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED MARCH 10, 1888.*

HUTTON, W. H. H., SURGEON.—To proceed to Brunswick, Georgia, on special duty, March 5, 1888. Detailed as President of Board to select site for Gulf Quarantine Station, March 10, 1888.

CARTER, H. R., PASSED ASSISTANT-SURGEON.—Detailed as Recorder of Board to select site for Gulf Quarantine Station, March 10, 1888.

WASDIN, EUGENE, PASSED ASSISTANT-SURGEON.—Granted leave of absence for thirty days, March 8, 1888.

BRATTON, W. D., ASSISTANT-SURGEON.—Ordered to examination for promotion, March 7, 1888.

*OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY FOR THE TWO WEEKS ENDING MARCH 17, 1888.*

ASSISTANT-SURGEON E. P. STONE.—Detached from the Coast Survey Steamer "Bache" and to Hospital New York for treatment.

ASSISTANT-SURGEON JAMES F. KEENEY.—Commissioned March 1, 1888.

SURGEON GEORGE R. BRUSH.—Ordered to the "Omaha" when "Pensacola" arrives at Aspinwall.

PASSED ASSISTANT-SURGEON VICTOR C. B. MEANS.—To the "Omaha" when "Pensacola" arrives at Aspinwall.

PASSED ASSISTANT-SURGEON W. H. RUSH.—Detached from Navy Yard, New York, and to Naval Hospital, Philadelphia, Pa.

PASSED ASISSTANT-SURGEON J. M. STEELE.—Detached from Naval Hospital, Philadelphia, and to Coast Survey Steamer "Bache."

MEDICAL INSPECTOR A. S. OBERLY.—Detached from Navy Yard, Portsmouth, N. H., and wait orders.

SURGEON F. L. DUBOIS.—Ordered to the Navy Yard, Portsmouth, N. H.

ASSISTANT-SURGEON JAMES KEENY.—Ordered to the Receiving-Ship "Minnesota."

PASSED ASISSTANT-SURGEON C. W. DEANE.—Detached from Marine Rendezvous, San Francisco, and to Coast Survey Steamer "McArthur."

ASSISTANT-SURGEON E. W. AUZAL.—Detached from Coast Survey Steamer "McArthur" and to Marine Rendezvous, San Francisco.

PASSED ASSISTANT-SURGEON CLEMENT BIDDLE.—Ordered to Naval Academy, Annapolis, Md.